



## School Security Officer Training Class Request Form

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### Requested by

Name:  
Title:  
Email:  
Daytime Phone No:

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### Host Information

Host Locality:  
Requested Training Dates:  
Hours:           to  
*Additional training date information here:*

Training Modules to be completed (provide all that apply [1,2,3,4,5]):  
Number of students you will be training:  
Number of additional seats available to others:

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### Training Site Address

Facility Name:  
Street, City:  
Phone:

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### Suitable Curriculum Mailing Address

Name:  
Address:  
City, State, Zip:  
United Parcel Service Account Number :  
*(curriculum shipping cost is billed to recipient's UPS account)*

### Testing

Please provide testing dates AND times in the space provided.

Module 1:  
Module 2:  
Module 3:

Name of Proctor:  
Title:  
Mailing Address:

Daytime phone: